

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

MULTI-FUNCTIONAL SURGICAL CONTROL
SYSTEM AND SWITCHING INTERFACE

Attorney Docket Number::

022001-000902US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

Total Drawing Sheets::

1

Small Entity?::

Yes

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Yulun
Middle Name::
Family Name:: Wang
Name Suffix::
City of Residence:: Goleta
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 370 Vereda Leyena
City of Mailing Address:: Goleta
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 93117

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Charles
Middle Name:: S.
Family Name:: Jordan
Name Suffix::
City of Residence:: Santa Barbara
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 2431 Calle Galicia
City of Mailing Address:: Santa Barbara
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 93109

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Darrin
Middle Name:: R.
Family Name:: Uecker
Name Suffix::
City of Residence:: Santa Barbara
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1430 De La Vina, #A
City of Mailing Address:: Santa Barbara
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 93101

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	08/929,024	09/15/97

Foreign Priority Information

Country::	Application number::	Filing Date::
PCT	PCT/US97/10158	06/09/97

Assignee Information

Assignee Name::
Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::